

MAR-13-03 08:03AM FROM-Frank

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T-184 P.003/012 F-381

Docket D-2929 CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Aoki et al.

Serial No.: 09/845,514

Filed: April 30, 2001

For: MULTIPLE BOTULINUM TOXINS
FOR TREATING
NEUROMUSCULAR DISORDERS
AND CONDITIONS

Examiner: Ford, V.L.

Group Art Unit: 1645

Box AF
Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, Washington, DC 20231, to fax number 703-872-9307 (TC 1600), on the date indicated below.

Date: 3/13/03
By: Greg S. Hollrigel
Greg S. Hollrigel

RESPONSE TO JANUARY 13, 2003 OFFICE ACTION

Dear Sir:

Introduction

This is in response to the January 13, 2003 Final Office Action issued by the United States Patent and Trademark Office regarding the above-identified application. A response to the Office Action is due April 13, 2003. This response is being filed within **TWO MONTHS** of the mailing date of the final action. Accordingly, this response is being timely filed.

Please consider the following remarks in response to the January 13, 2003 Office Action:

AMENDMENT TRANSMITTAL LETTER

Docket: D-2929 CON

In re application of: Aoki et al.

Serial No.: 09/845,514

Examiner: Ford, V.L.

Filed: April 30, 2001

Group Art Unit: 1645

For: MULTIPLE BOTULINUM TOXINS FOR TREATING NEUROMUSCULAR DISORDERS

Fax number 703-872-9307

Box AF
 COMMISSIONER FOR PATENTS
 Washington, D.C. 20231

Sir:

Transmitted herewith is a Response to the January 13, 2003 Office Action including Exhibit A, in the above-identified application.

No additional fee is required.

The filing fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	22	MINUS	22	0
INDEP.	6	MINUS	6	0
First Presentation of Multiple Dep. Claim				

SMALL ENTITY	
RATE	ADDT. FEE
x 9	0
x 40	0
+135	0
Total Addit. Fee	0

OTHER THAN SMALL ENTITY	
RATE	ADDT. FEE
x 18	-0-
x 84	-0-
+270	-0-
Total Addit. Fee	0

[] Please charge my Deposit Account No. _____ the amount of \$_____, in payment of a three month extension of time fee and the above claim fees .

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 01-0885.

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents in Washington, DC 20231, to fax number 703-872-9307,
on.

Date: 3/13/03

By: Frank J. Oxa

Respectfully submitted,

Frank J. Oxa
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